STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING
500 DEADERICK STREET, 15TH FLOOR
NASHVILLE, TENNESSEE 37243

MEMORANDUM

TO: DMRS Regional Directors, Agency Directors, DMRS Regional Training Coordinators, Agency Trainers, DMRS Regional Investigators, DMRS Regional Incident Management Coordinators, Agency Incident Management Coordinators, DMRS Regional Nurse Educators, Therapy Providers

FROM: Stephen H. Norris
Deputy Commissioner

DATE: August 18, 2006

RE: Medication Error Reporting

In response to Protection From Harm related issues to documentation of medication errors, DMRS has revised the medication error reporting form entitled Medication Variance MR0484 7-06.

The changes to the form now reflect if a person administering medications is not certified. This box is located in Section 3, status.

This item is marked with an asterisks (*) and a footnote is included. A selection in this item will require that a copy of the variance form be submitted to the DMRS Investigator with the Reportable Incident Form.

Regional Nurse Educators will send notification of this change to all trainers for this course as well as trainers of the Medication Administration for Unlicensed Personnel course immediately. The revised form (7-06) will be used by trainers as soon as they are notified.

Each agency will be responsible for notifying previously trained staff of this additional requirement and use of the DMRS approved medication error form in accordance with the Provider Manual Chapter 11, 11.8.a. (2).

SHN/rs

copy: Debbie Payne
Doug Burroughs
Carol Wilkin
Kim Dean
Adadot Hayes MD
DMRS Nursing Services
Karen Wills
Pat Nichols
John Kaufman
Dianna Davis

DMRS Medication Variance Report

Section 1: Name_____
Age____
SS /Case #_____

Section 2: Time & Location of Variance (circle)
Day of the Week: Su Mo Tu We Th Fr Sa
Date/Time of event_____ ___:___(circle AM/PM)
Location_____
Agency_____
Physician Notified_____ Date/Time_____

Section 3: Practitioner/Staff Involved

Classification	Status
( ) Nurse	( ) Regular
( ) Pharmacist	( ) Agency/Contract
( ) Physician	( ) Float
( ) Direct Support Staff	( ) Other_____
( ) Respiratory Therapist	( ) *Not certified (a check here requires investigator notification)
( ) Other_____	

Duration of variance _____days_____hours

Section 4: Medication and Doses Involved

Drug ordered and route	Drug given and route
_____	_____
Route:	Route:
( ) IV push	( ) IV push
( ) IV drip	( ) IV drip
( ) IM	( ) IM
( ) SC	( ) SC
( ) PO	( ) PO
( ) Per Rectum	( ) Per Rectum
( ) Per tube	( ) Per tube
( ) Per trach	( ) Per trach
( ) Topical	( ) Topical
( ) Vaginal	( ) Vaginal
( ) Other _____	( ) Other _____

Section 5: What happened? (Check all that apply)

INCORRECT

( ) Person	( ) Given when criteria (e.g. BP, blood sugar, pain) not met
( ) Drug	
( ) Dose	
( ) Route	( ) Extra dose given (e.g. more than scheduled doses or given after stop date or after discontinued)
( ) Formulation	
( ) IV Rate	
( ) IV Solution	
( ) Time	( ) Given in the presence of documented allergy to drug
( ) Position	
( ) Texture	
( ) Dose Omitted	( ) Treatment Error
( ) Other _____	

Form of variance: ( ) actual ( ) potential

Section 6: Description of Variance: In your opinion why did this variance occur?
Please be specific and refer to the example descriptions below. If necessary, briefly describe event. Variance in:

( ) **PRESCRIBING:** (e.g. incomplete or unclear order, excessive quantity prescribed, wrong drug, etc.)

( ) **TRANSCRIBING:** (e.g. order entered on wrong person, order content changed during schedule revision, incorrect verbal order, etc.)

( ) **PROCUREMENT & STORAGE:** (e.g. lack of standardized storage locations, lack of safe drug storage and stocking practices, lack of standardization of stock drug concentrations, expired drugs, provider failed to fill prescription, etc.)

( ) **DISPENSING:** (e.g. medication mislabeled, wrong medication stocked in satellite pharmacy, wrong medication withdrawn from satellite pharmacy, inaccurate dose calculation, etc)

( ) **ADMINISTERING:** (e.g. medication label misread or not read, previous dose given but not charted or charted incorrectly, person identification not verified, person not available on unit, etc)

( ) **MONITORING:** (e.g. inaccurate documentation of person's weight, necessary tests or procedures not ordered, test/procedure results misinterpreted, test/procedure results not charted or charted incorrectly, lapse in profile or new order review, etc.)

Section 7: Contributing Factors: In your opinion, were there factors that made this variance difficult to prevent or detect?

( ) **PRODUCT** (e.g., unclear manufacturing labeling, "sound-alike" drug names, look-alike packaging, omission or misuse of a prefix or suffix such as "fos" phenytoin or diltiazem "CD" etc.)
( ) **MEDICATION USE SYSTEM** (e.g. side-by-side storage of look-alike drugs, lack of standardization in practice, competing distractions, etc.)
( ) **COMMUNICATION DYNAMICS** (e.g. lack of clear, accurate, and timely written and oral communications related to drug regimen, lack of interactions that are free of fear of intimidation, punishment, and embarrassment etc.)
( ) **OTHER**_____Explain:_____

Section 8: Severity of the variance (check one) **Use your best judgment, to rate the severity of the variance.**

Classification I	( ) Category A: Circumstances or events that have the capacity to cause a medication-use variance
Classification II	( ) Category B: Variance occurred, but was detected before it reached the individual
Classification II	( ) Category C: Variance occurred, reached the individual, but caused no harm or is unlikely to cause harm
Classification II	( ) Category D: Variance will require additional person monitoring, but is unlikely to result in a change in vital signs or cause harm
Classification III **	( ) Category E: Variance requires intervention and caused or is likely to cause the person temporary harm
Classification III **	( ) Category F: Variance caused or is likely to cause temporary harm requiring hospitalization
Classification III **	( ) Category G: Variance caused or is likely to cause permanent harm to the person
Classification III **	( ) Category H: Variance resulted in a near death event (e.g. anaphylaxis, cardiac arrest)
Classification IV **	( ) Category I: Variance resulted in or contributed to the person's death

NOTE*: ** *A selection in this classification and category requires the completion of a Reportable Incident form. (In addition to this form)

Section 9: Your comments. In your opinion, are there improvements or changes that can be made to help prevent a similar event from occurring again? Intervention (e.g. training, monitoring, correction made to MAR, medication obtained, etc.).

Actions/Outcomes:

Signature / Title of person completing form _____ Date _____ Supervisor / Reviewer _____ Date _____

A copy of the Variance form must be submitted with the Reportable Incident Form
* A copy of the Variance form must be submitted to the Investigator with the Reportable Incident Form *